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Introduction

Antiretroviral drugs (ARVs) are used in the treatment and prevention of HIV infection and have improved the prognosis of the disease (1).

However, ARVs are prone to numerous adverse effects, some of which can compromise quality of life and vital prognosis (2).

The aim of this study is to investigate the frequency and intensity of adverse effects of ARVs experienced by PLHIV (people living with the human immunodeficiency virus) and the course of action to be taken to reduce these effects.

Population and methods

This is a prospective study conducted over a period of 3 months on 40 patients whose prescriptions were dispensed at the outpatient pharmacy of La Rabta Hospital in Tunis. The data collection was done with the help of a questionnaire: a collection form comprising 2 parts:

- The frequency and intensity of adverse effects of ARVs
- The conduct to reduce the adverse effects of their antiretroviral treatment.

Results and discussion

Socio-demographic characteristics of patients:

The sample was composed of 45% (n=18) women and 55% (n=22) men (sex ratio: 1.22). The average age was 35 years, with the 30-44 age group being the most represented, at 35% (n=15).

History of the disease

The main route of infection is sexual (80%) and the occasional partner is the most frequent source (70%). Very few said they had been informed of their partner's/spouse's illness (20%). 80% say they were informed of their HIV status during a medical check-up.

Frequency of adverse reactions

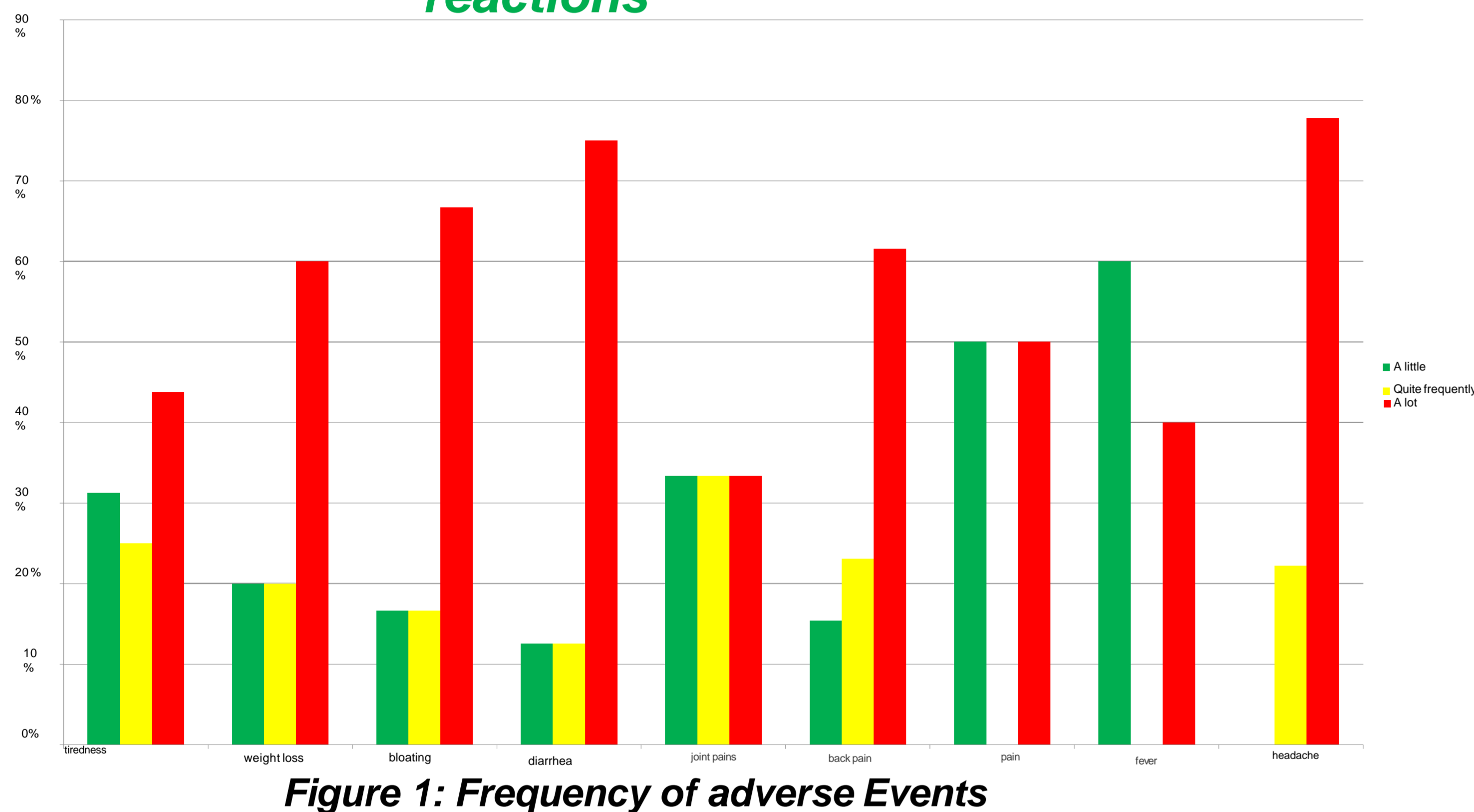


Figure 1: Frequency of adverse Events

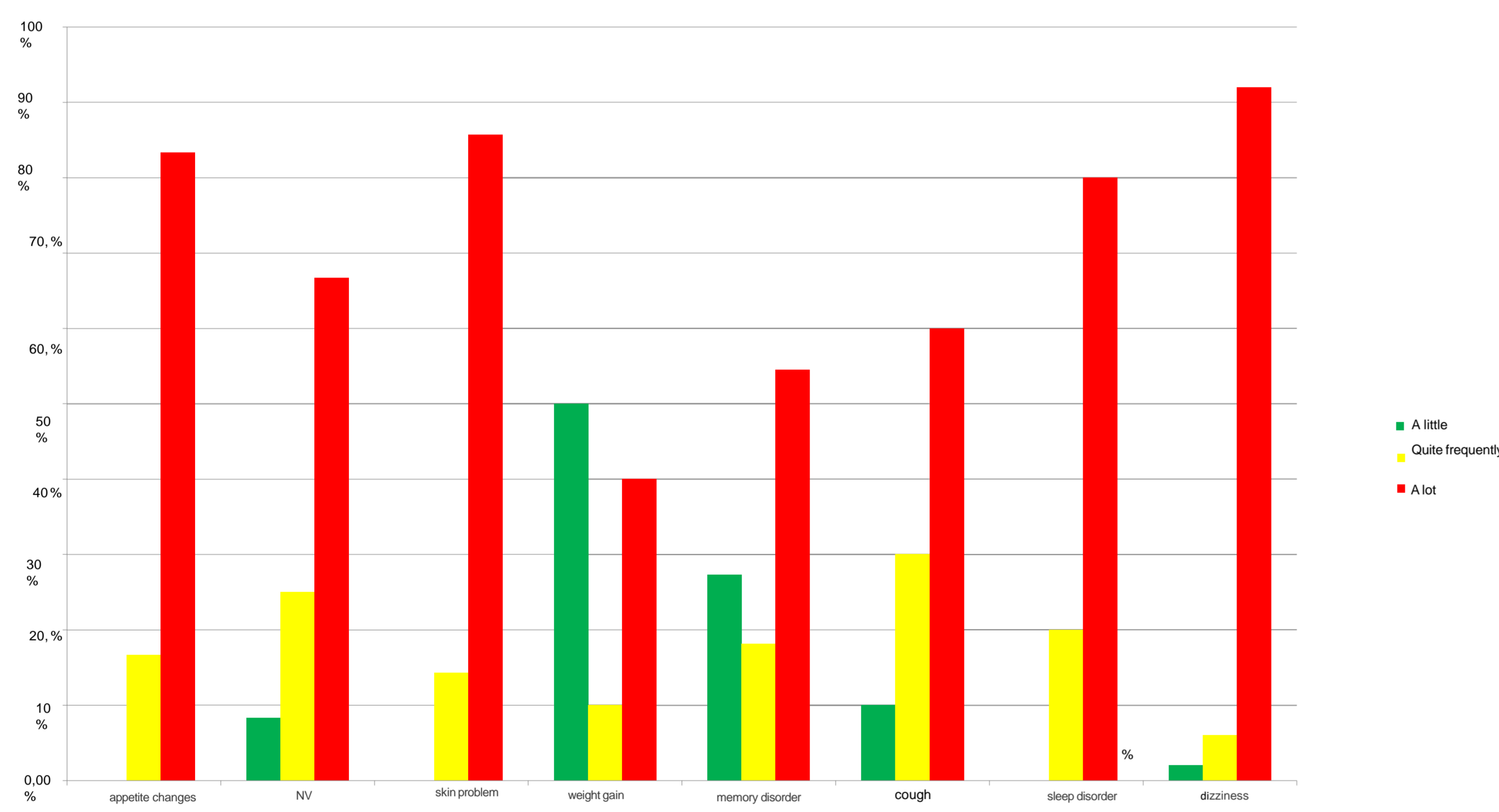


Figure 2: Frequency of adverse events (continued)

Intensity of adverse effects

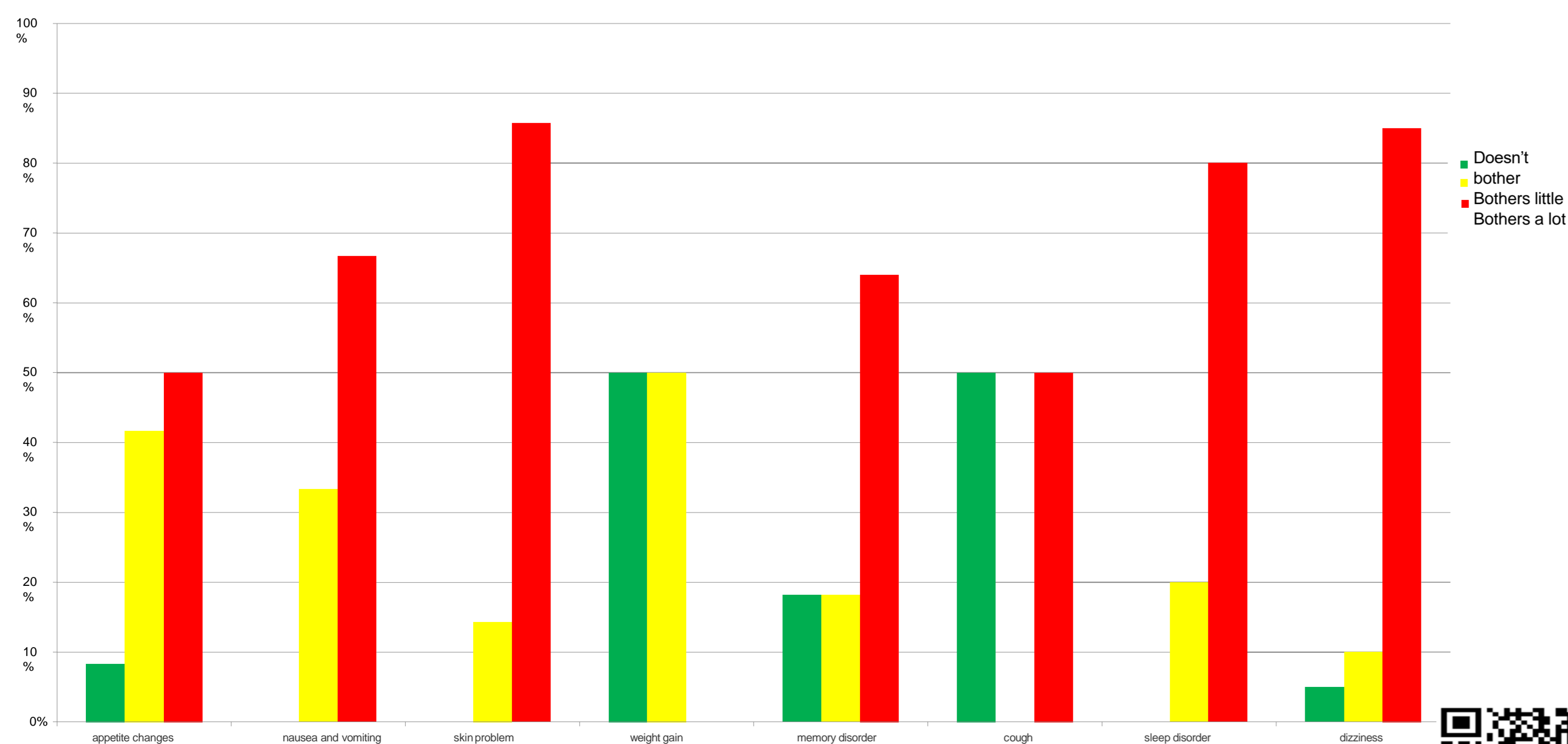


Figure 3: Intensity of adverse effects

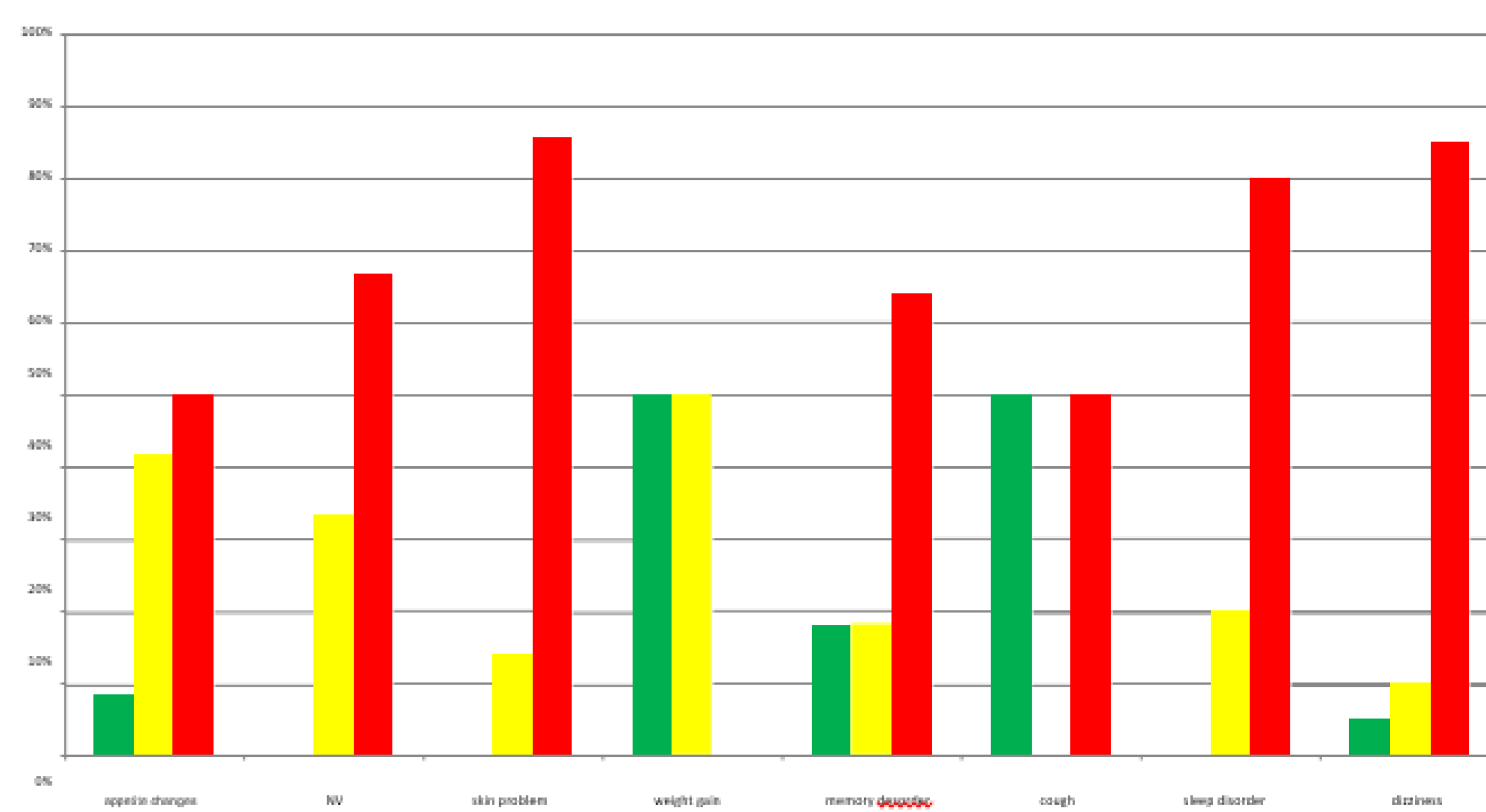


Figure 4: Intensity of adverse effects (continued)

The sample was composed of 45% (n=18) women and 55% (n=22) men.

The main adverse effects of ARVs experienced by PLHIV were dizziness with frequency (F=92%) and intensity (I=85%), diarrhoea (F=80%, I=75%), headache (F= 78%, I= 69%), sleep disturbance and skin problems. Some effects are reported by the patient and others are not.

How to reduce adverse effects by PLHIV

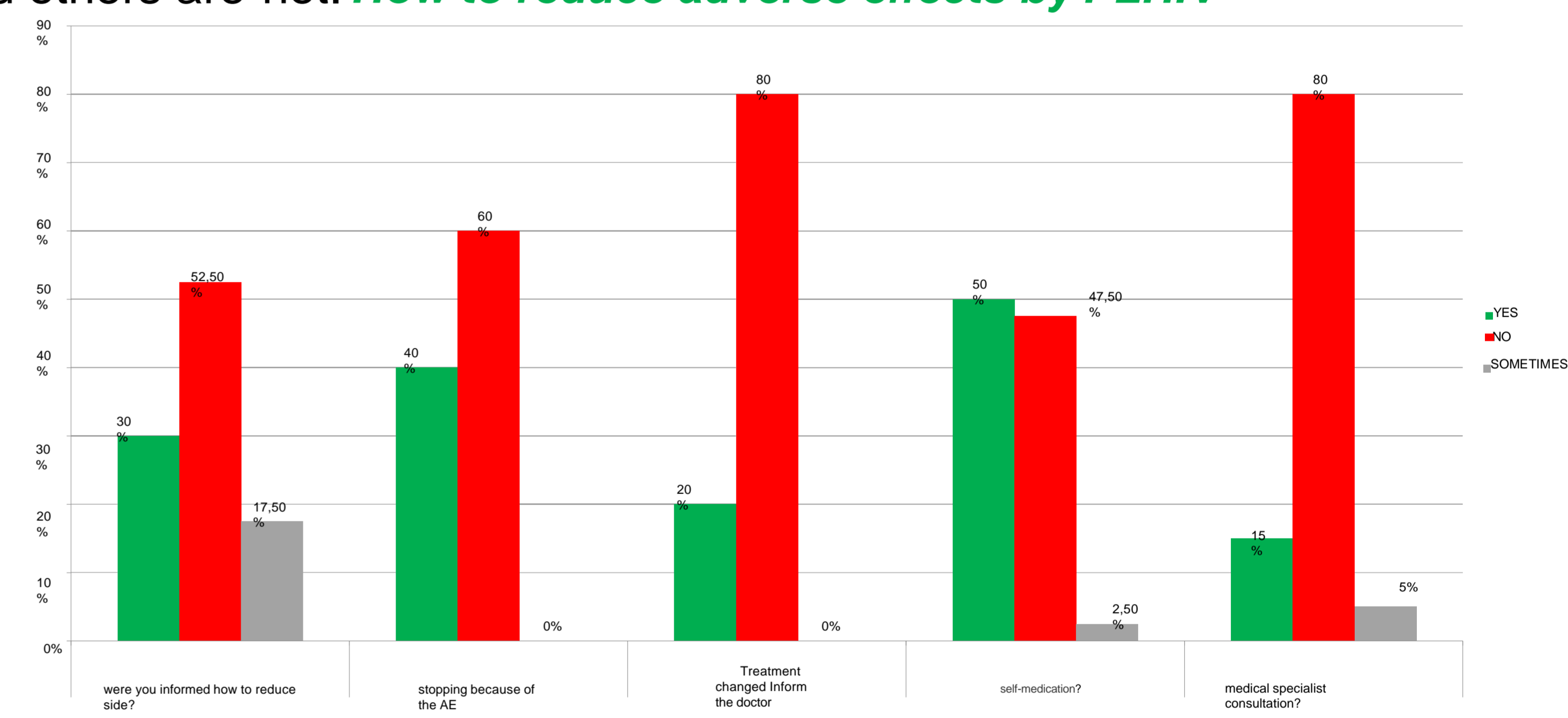


Figure 5: How PLHIV reduce adverse effects

Opinion on the management of adverse effects

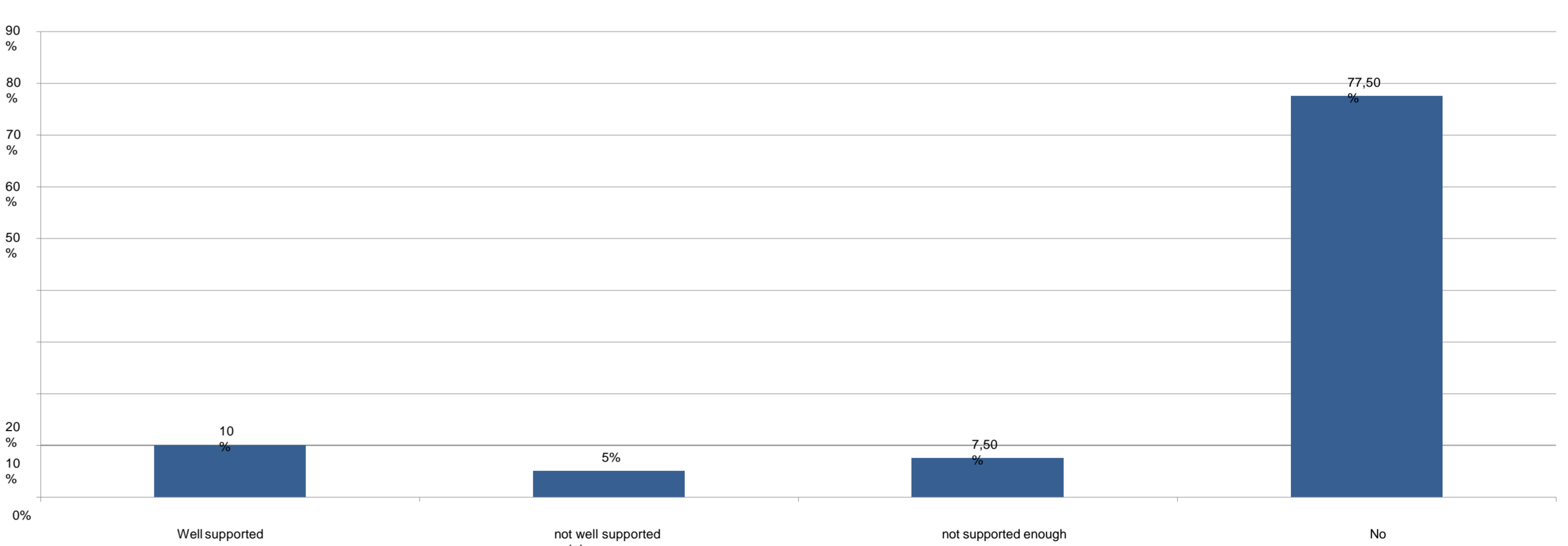


Figure 6: PHAs' views on the management of adverse events

Conclusion

Most PHAs do not talk to their doctor or pharmacist about their side effects, despite their high frequency and intensity.

There is an urgent need to strengthen and improve patient information on the management of adverse events and above all to move from information to therapeutic education.

Bibliographic references

- 1 Diouf L.M. Side effects and complications related to ARV treatments in Access to care 13th ICASA-NAIROBI September 24th-26th2003: [A54220];p 132.
- 2 ASSAL JP - Treatment of long-term illnesses: from the acute phase to the chronic stage. Another management of the disease, another process of care. EncyclMédChir, Thérapeutique, 25-05-A-10, 18 pages

